

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 10R-178

BRIEF TITLE

APPROVED DEADLINE

REASON

BryanLGH Medical Center

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and BryanLGH Medical Center on behalf of the BryanLGH School of Nursing to provide clinical training for public health nursing students in community health nursing and the WIC Program at the Health Department for September 1, 2010 to August 31, 2013.</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p>Reason Against</p>
	Board or Commission Recommendation	<p>BY</p> <p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p><input type="checkbox"/> No Action Taken</p> <p><input type="checkbox"/> For with revisions or conditions (See Details column for conditions)</p>
	CITY COUNCIL ACTIONS (For Council Use Only)	<p><input type="checkbox"/> Pass</p> <p><input type="checkbox"/> Pass (As Amended)</p> <p><input type="checkbox"/> Council Sub.</p> <p><input type="checkbox"/> Without Recommendation</p> <p><input type="checkbox"/> Hold</p> <p><input type="checkbox"/> Do not Pass</p>

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	OPERATIONAL IMPACT ASSESSMENT		
FINANCES			
COST AND REVENUE PROJECTIONS	COST of total project: \$ _____ COST of this Ordinance/ Resolution \$ _____		
	RELATED annual operating Costs \$ _____		
	INCREASE REVENUE EXPECTED/YEAR \$ _____		
SOURCE OF FUNDS	CITY [Approximately]		
		\$ _____	_____ %
		\$ _____	_____ %
		\$ _____	_____ %
		\$ _____	_____ %
		\$ _____	_____ %
	NON CITY [Approximately]		
		\$ _____	_____ %
		\$ _____	_____ %
		\$ _____	_____ %
BENEFIT COST			
<input type="checkbox"/> Front Foot			
<input type="checkbox"/> Square Foot \$ _____ Average Assessment \$ _____			

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D., Health Director

REVIEW BY:

REFERENCE NUMBER